
DERMATOPATHOLOGY REPORT

Patient Name:

Submitting Provider:

Age:

DOB:

Sex: F

Race: Caucasian

Accession Number:

Collected: 11/25/2014

Received: 11/26/2014

Reported: 12/02/2014

DIAGNOSIS:

INTERFACE DERMATITIS WITH SLIGHTLY INCREASED MUCIN CONSISTENT WITH SUBACUTE CUTANEOUS LUPUS ERYTHEMATOSUS, SEE NOTE (Chest)

NOTE: This case was reviewed in conjunction with the clinical photographs provided. In the context of the clinical photographs, the histologic findings are consistent with those of a subacute cutaneous lupus erythematosus or drug-induced subacute cutaneous lupus erythematosus. Serologic testing for anti-Ro/SSA and anti-La/SSB antibodies is recommended to attempt to confirm this probable diagnosis. The differential diagnosis could also theoretically include other connective tissue disorders or a lichenoid drug eruption. Clinical correlation is recommended.

Of note, I also reviewed the patient's medication list as provided in the office visit note dated 11/25/14. Two medications from the patient's list, sertraline and pantoprazole, have been associated with cutaneous lupus. Clinical and chronologic correlation is recommended to rule out these two medications as a potential cause for the patient's eruption.

Biopsy Site - Clinical Impression:

Chest (SCLE, LP, Nummular Derm.)

Gross Description:

The specimen is received in formalin and consists of a punch biopsy of gray-tan skin measuring 3 mm in diameter, excised to a depth of 5 mm. The specimen is entirely submitted in one cassette.

Microscopic Description:

The specimen is a segment of skin. There is mild hyperkeratosis, lymphocyte exocytosis, dyskeratotic keratinocytes, focal basal vacuolization, and a moderate superficial perivascular and interstitial lymphocytic infiltrate which focally is somewhat lichenoid. There is also slightly increased mucin.



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The quality of the stains and controls were acceptable for interpretation.